Approved for use through 01/31/2007. CMB 0661-032 rademark Office; U.S. DEPARTMENT OF COMMISSION U.S. Patent and T

DECLARATION FOR UTILITY OR	Attorney Docket Number	4251018		
DESIGN	First Named Inventor	Michel Thiry		
PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number	10/574,639		
Declaration Submitted OR Declaration Submitted after Initial	Fiting Date	10/01/2004		
With Initial Filling (surcharge Filing (37 CFR 1.16 (e))	Art Unit	n/a		
required)	Examiner Name	n/a		
I hereby declare that:				

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for

(Title of the Invention)

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

PISCIRICKETTSIA SALMONIS ANTIGENS AND USE THEREOF

which a patent is sought on the invention entitled:

the specification of which

is attached hereto						
OR						
was filed on (MM/D	D/YYYY)	10/01/2004	s United States A	pplication	Number or PC	CT International
Application Number	10/574,639	and was amended on	(MM/DD/YYYY)			(if applicable).
I hereby state that I have r amended by any amendm	eviewed and unde ent specifically ref	erstand the contents of the ferred to above.	e above identified	specificat	ion, including	the claims, as
f acknowledge the duty to continuation-in-part applica and the national or PCT in	ations, material in ernational filing d	formation which became are of the continuation-in-	available betwee part application.	n the filing	g date of the	prior application
I hereby claim foreign pri- inventor's or plant breeder country other than the Uni- application for patent, inve- before that of the application	's rights certificat ed States of Ame ntor's or plant bre	e(s), or 365(a) of any PC rica, listed below and ha reder's rights certificate(s	T international ap ve also identified I	plication v	vhich designa checkina the l	ted at least one oox, any foreign
Prior Foreign Applicatio Number(s)	n Country	Foreign Filing Date (MM/DD/YYYY)	e Prior Not Cla		Certified Co YES	py Attached? NO
PCT/IB2004/003339 IE 2003/0743	PCT Irelend	10/01/2004 10/07/2003				99
Additional foreign	application numb	ers are listed on a supple	mental priority dat	la sheel P	TO/SB/02B at	tached hereto.

Page 1 of 2)
This calection of information is required by 35 U.S.C. 115 and 37 CFR 1 d.3. The information is required to obtain or retian a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 (and by the USPTO o Diocess) an application. Confederably is governed by a U.S.C. 122 and 37 Left 1.11 and 1.14. This connection is examined to law set. a proper p

Under the Pasament Reciudion Act of 1985, no possoon are trought for recovering with the Pasament Reciudion Act of 1985, no possoon are trought for recovering with the Pasament Reciudion Act of 1985, no possoon are troughted to recovering a collection of information under continuing a world CVIS extent number.

DECLARATION — Utility or Design Patent Application					
Direct all The address associated with Customer Number		20311		OR _	Correspondence address below
Name					
Address					
City		State			ZIP
Country	Telephone		E	mail	
	WARNI	NG:		***************************************	
contribute to identity theft. Personal inform numbers (other lihan a check or credit card aut the USPTO to support a petition or an application to the USPTO. Petitioner/applicant is brude to the USPTO. Petitioner/applicant is publication of the application (unless a non-publication of the application) application is application is referenced in a published application forms PTO-2036 submitted for publicy available. I hereby declare that all statements made her and belief are befleved to be true; and furnished the statements and the like so made are punishal false statements and the like so made are punishal false statements may jeopardize the validity of	thorization form PTG sider redacting such advised that the re blication request in cord from an abanc plication or an issu- payment purposes a ein of my own know ther that these sta- ble by fine or impris	0-2038 sub personal i i personal i i personal i cord of a compliance doned appl ed patent are not reta viedge are tements wonnent, or	mitted for payriformation is in flormation is in flormation is in flormation flormation callon may as (see 37 CFF lined in the ap true and that are made with both, under 1	ment purpo included in in the doc tion is ave 1.213(a) is iso be ave R 1.14). pplication in all statements the kno 8 U.S.C. 1	ases) is never required by o documents submitted to urnents before submitting aliable to the public after made in the application) aliable to the public if the Checks and credit card file and therefore are not and the submitted to ents made on information wiedge that willful faise
NAME OF SOLE OR FIRST INVENTOR:	- DAE	etition has	been filed for	this unsign	ned inventor
Given Name (first and middle [if any]) Family Name or Surname				me	
Michel /			Thiry		
Inventor's Signature	 7				Date Jan 25,2007
Residence: City State		Country		Citizer	
Trooze		Belgiur	n	Belgi	um
Mailing Address Cul du Bief 166					
City State		Zip		Т	Country
Trooze		В-	4870	E	3elgium
Additional inventors or a legal representative are been	ng named on the 1	supplem	ental snect(s) PTC	3/58/02A or 0	32LR attached hereto.

PTC/SE/52A (07-06) Approved for use through 01/31/2007. OMB 0651-8032.

Approved for use through 01/31/2027. ONE cost-10022

U.S. Patent and Trademark Officer, U.S. DEPARTMENT OF COMMERCE

Under the Pagenwork Reduction Act of 1985, no persons are required to respond to a collection of information unities & contains a yard OWB control number.

DECLARATION		ADDITION Supplement	NAL INVENTOR		age 1 of 1	
Name of Additional Joint Inventor, if ar	ıy:	A petit	ion has been filed to	this unsigne	d inventor	
Given Name (first and middle (if any))		Family Name or Surname				
Ingrid		Dheur				
Inventor's Signature				Date		
Ivoz Ramet Residence: City	State Be		Belgium Country	Bel	Belgium Cilizenship	
Route Napoleon 367						
Mailing Address	.,					
Ivoz Ramet	State	State 4400			PCT	
Name of Additional Joint Inventor, if an	ıy:	A petiti	on has been fited for	this unsigne	d inventor	
Given Name (first and middle (if any))		Family Name or Sumame				
Inventor's Signature				Date		
Residence: City	State		Country		Cilizenship	
Meiling Adoress					1	
City	State		Zip	Coun	dry	
Name of Additional Joint Inventor, if an	y:	A notitio	on has been filed for	this unalignar	Linvanior	
A pariour ries dee		* * ***********************************	Family Name or Surname			
nventor's Signature				Date		
			T	T BSIG	l	
Residence: City	State		Country		Citizenship	
Mailing Address	,					
City	Civil		-			
Lity	State		Zip	Count	ry	

The control of information is required by \$5 U.S. 1.15 alray (SFR 1.15. The information is required. Excitor or states 1.2 including properties of the control to 1.6 ft. or 1.5 including properties of the control of